City of Coral Gables	Order of receipt
Request to Address C	City Commission
Date: 5/11/2/ PLEASE PRINT Tin	ne:
Agenda/Item Number:	
Issue: AAC Parkin	ing
Name: MAMA ()	CAUZ-
Mailing address: 1447 Mi	1/e/Pd
City: State/Zij	p: # 1 3317
Phone: 05-323-2/5 /E-mail:	hobeacheriza
Are you a registered lobbyist with the City of C	oral Cables?
Yes No	
Representing:	,
N I wish to speak	Proponent
I do not wish to speak	Opponent
I have been requested to speak	To provide information
Comments regarding this issue:	
Signature / /	1. Open

Pursuant to Article I, Section 24 of the Florida Constitution, this document, and information contained therein, is a public record.